ENT department, results from the re-audit showed that all patients received a calcium check within the first 24 hours and daily until calcium was stable.
Conclusions: This two-cycle audit has shown that calcium should be checked at 24 hours post-operatively. Increasing awareness of BTA guidelines has improved calcium monitoring.

0812: REVISITING AN OLD TECHNIQUE: LOCAL ANAESTHETIC FOR MYRINGOPLASTIES

Rachel Edmiston*, Angus Waddell. *BRINOS Charity, Nepal.*

Introduction: This audit looks at pain levels experienced by patients having myringoplasties under local anaesthesia in a rural hospital in Nepal.
Methods: Three days of consecutive patients were included in the study from the BRINOS November 2013 camp in Nepalgunj. All surgeons performing the operations were asked to give patients 2-3 vials of lignospan via a dental syringe using a standard technique. Patients were asked immediately following their operation how they would grade the severity of their pain whilst on the operating table using a visual analogue scale from 0 – 10.
Results: 42 consecutive patients were included with a total of 40 myringoplasties and 2 stapedectomies. Mean pain score was 2.17 (95% CI 1.41, 2.92). 56% of patients gave pain scores of less than 1/10 with only 14% reporting levels >5/10.
Conclusions: In this rural setting there is little alternative to the current technique and this audit confirms that adequate pain control can be achieved with the local anaesthetic technique used.

0814: HOW ACCURATE ARE SURGEONS AT PREDICTING PAIN LEVELS EXPERIENCED BY PATIENTS DURING LOCAL ANAESTHETIC?

Rachel Edmiston*, Angus Waddell. *BRINOS charity, Nepal.*

Introduction: This audit aims to assess surgical accuracy in estimating pain levels for patients undergoing myringoplasty and stapedectomies under local anaesthesia.
Methods: All patients operated on over a three day period during the BRINOS camp in November 2013 were included in the audit. A standardised technique was used for administration of local anaesthetic and pain scores taken from patients immediately post operatively. Surgeons were asked to predict what pain level the patient would report using the same visual analogue scale from 1-10.
Results: 42 consecutive patients were included with a mean pain score reported from patients of 2.17 (95% CI 1.41, 2.92). Mean surgeon prediction was 1.95 (95% CI 1.55, 2.36). Surgeons were more likely to over predict the pain score (57%) however 10% significantly under estimated the level of pain that the patient was experiencing. Spearman's rank correlation coefficient = 0.095 with a significance value of p >0.5.
Conclusions: The was no significant correlation found between surgeons predictions and patients scores demonstrating that the surgeons understanding of the pain levels differs significantly from those of the patient.

0842: CARE OF THE DYING ENT INPATIENT

Katherine Conroy*, Hannah Clare, Jonathan Hobson. *University Hospitals South Manchester, Manchester, UK.*

Introduction: Good palliative care for the Ear, Nose and Throat (ENT) inpatient poses a series of challenges; patients may deteriorate quickly and have difficultly verbalising their wishes. With our Trust's introduction of a new Do Not Attempt Resuscitation (DNAR) policy and negative media coverage surrounding the Liverpool Care Pathway (LCP) we evaluated our communication regarding these issues.
Methods: 17 inpatients died in our ENT department over 2 years. Their notes were examined to see if we were meeting the communication standards set out by the LCP.
Results: DNAR orders (16/17 patients) 9 signed by senior member of staff (ST3+), 7 by junior. Discussed with patient - 6; unable to - 6; not discussed – 4. 10 discussed with patient's family. LCP (7/17 patients). All discussed with patient and family where possible. Recognised as dying prior to death (16/17 patients). 8 discussed with patient and family by senior member of staff; 8 by junior or nurse
Conclusions: Good communication is essential for the care of the dying ENT patient. We should involve patients and families more in dialogues surrounding DNAR orders, and encourage senior members of the team to lead discussions once a patient is identified as dying.

0850: PENETRATION THROUGH OTOWICKS

Sumrit Bola*, Mamun Rashid, Simon Hickey. *Torbay Hospital, Torquay, Devon, UK.*

Introduction: Otowicks are used to treat otitis externa with significant ear canal oedema. How well drops penetrate otowicks to reach the deep canal has not been investigated. This in vitro study aims to investigate the permeability of otowicks to bacteria and commonly used eardrops.
Methods: Sterile otowicks were inserted into mock ear canals fabricated from plastic pipettes held over pseudomonas-seeded agar plates. Gentisone and Ciprofloxacin drops were administered; four drops, TDS for 5 days. Time taken for the drops to penetrate through the otowick and exert bactericidal activity was recorded. Separately, bacteria-laden otowicks were treated with saline or antibacterial drops. The penetrating drops fell onto sterile agar plates. We observed for bacterial growth.
Results: The first four drops of Gentisone and Ciprofloxacin did not penetrate the otowick, the latter showed delayed penetration after five days. When sterile saline drops were applied to bacteria-laden otowicks, bacterial growth was seen on agar plates indicating bacterial penetration. When a bacteria-laden otowicks were treated with antibacterial drops, no bacteria was grown on the corresponding agar plate.
Conclusions: Bacteria can penetrate through otowicks but this can be prevented by continuous antibacterial ear drops. Otowicks may need to be primed with 5-8 drops before starting a regime as the initial dose is fully absorbed by the otowick.

0918: DEEP NECK SPACE INFECTIONS IN CHILDREN: THE ROLE OF SURGICAL AND CONSERVATIVE MANAGEMENT

Katherine Conroy*, Rhydian Harris, Archana Soni-Jaiswal, Michael Rothera, Iain Bruce, Jaya Nichani. *Royal Manchester Children's Hospital, Manchester, UK.*

Introduction: This study aims to analyse our unit's experience in managing deep neck space infections over a ten-year period with a view to developing a management algorithm.
Methods: The primary outcome measure was effectiveness of conservative or surgical treatment. The secondary outcome measures include complications, length of stay and duration of antibiotic use.
Results: 22 children were identified with a parapharyngeal (13), retropharyngeal (4) abscess or both (5). Mean length of stay was shorter in conservatively (11.8 days) than surgically managed (12.9 days) patients. Mean abscess size was larger in surgically (8.5cm) than the conservatively managed (5.5cm) patients. No patient was re-admitted for surgical drainage and there were no mortalities.
Conclusions: Small collections in the deep neck spaces can be successfully managed conservatively, with surgical drainage reserved for large collections and children who do not respond to antibiotics. The management algorithm developed from this study is described.

0939: CAN WE PREDICT WHICH CHILDREN WILL GO HOME THE SAME DAY AFTER MICROLARYNGOSCOPY-BRONCHOSCOPY?

Stephanie Chiu*, Lyndsey Webster, Haytham Kubba. *Royal Hospital for Sick Children, Glasgow, Glasgow, UK.*

Introduction: To identify a subset of children who may be predicted in advance as suitable for day case microlaryngoscopy-bronchoscopy (MLB).
Method: The first audit cycle identified that children who weighed greater than ten kilograms, and who did not have any significant co-morbidity were more likely to be discharged on the same day as their MLB. In this second audit cycle, 71 MLB procedures performed between November 2010 and the first week of February 2011 were reviewed, with a view to determine the predictive value of these two pre-operative patient characteristics. Thirty-nine procedures were appropriate for analysis. A Fisher's exact test was used to determine statistical significance, with $p<0.05$. Of the 25 first-time MLBs, all those done for recurrent croup (3 cases) had a same-day discharge, whereas at least 80% of those done to investigate stridor and other symptoms required an overnight stay.
Results: Neither of the above criteria was found to be significant for predicting the suitability of a child for a day case MLB.
Conclusions: The second cycle suggests that the main presenting symptom may be a more important predictor than pre-operative patient characteristics.